

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Moytham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **733989** (8)

1. Corporation Name

BIG BROTHERS WOMEN'S AUXILIARY, INC.

Principal Place of Business

Mailing Address

**918 WEST BAY DRIVE
LARGO FL 33770**

**918 WEST BAY DRIVE
LARGO FL 33770**

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/06/1975

4. FEI Number

59-1676937

Applied For

Not Applicable

5. Certificate of Status Desired

☒ X

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

918 West Bay Drive

83

84 City

Largo

FL

85

Zip Code

33770

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRUBAKER, CLAYTON	
STREET ADDRESS	C/O XEROX CORP., 42 W. CPYRESS ST	
CITY-ST-ZIP	TAMPA FL	

TITLE	D	<input type="checkbox"/> DELETE
NAME	ESSLINGER, THOMAS H	
STREET ADDRESS	147 BELCHER RD., SUITE 4	
CITY-ST-ZIP	LARGO FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WHITE, LANGFRED	
STREET ADDRESS	28059 U.S. HIGHWAY 19N #203	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SARGENT, DIANE	
STREET ADDRESS	14331 60TH STREET N	
CITY-ST-ZIP	CLEARWATER FL	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TREICHEL, ERIC	
STREET ADDRESS	600 CLEVELAND STREET	
CITY-ST-ZIP	CLEARWATER FL 34615	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	MEYER, LYNN	
STREET ADDRESS	5250 EAST BAY DRIVE	
CITY-ST-ZIP	CLEARWATER FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brubaker, Clayton	
1.3 STREET ADDRESS	c/o Xerox Corpt. 42 W. Cypress St. #100	
1.4 CITY-ST-ZIP	Tampa FL 33607	

2.1 TITLE	Executive Director (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Esslinger, Thomas H.	
2.3 STREET ADDRESS	918 West Bay Drive	
2.4 CITY-ST-ZIP	Largo FL 33770	

3.1 TITLE	Immed. Past President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(D) White, Langfred W.	
3.3 STREET ADDRESS	28059 U.S. Highway 19N #203	
3.4 CITY-ST-ZIP	Clearwater FL 33761	

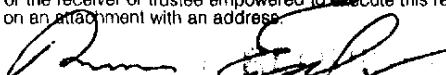
4.1 TITLE	Vice President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Sargent, Diane	
4.3 STREET ADDRESS	14331 60th St. N.	
4.4 CITY-ST-ZIP	Clearwater FL 33764	

5.1 TITLE	Vice President (D)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Jolley	
5.3 STREET ADDRESS	13 Fernbrooke Dr.	
5.4 CITY-ST-ZIP	Safety Harbor FL 34695	

6.1 TITLE	President (D)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Meyer, Lynn	
6.3 STREET ADDRESS	5250 East Bay Dr.	
6.4 CITY-ST-ZIP	Clearwater FL 33770	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:



Thomas H. Esslinger 4/21/98

CR2E037 (10/97)